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Application or Docket Number

Filing Date

☐ To be MailedSMALL ENTITY ☐

OR

OTHER THAN

SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
<input type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A
<input type="checkbox"/> SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A
<input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	•
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	•
<input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
N/A			N/A	
N/A			N/A	
N/A			N/A	
X \$ =			X \$50 =	
X \$ =			X \$200 =	
TOTAL			TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

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	(Column 1)	(Column 2)	(Column 3)	(Column 4)
AMENDMENT	8/6/10	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
				PRESENT EXTRA
	Total (37 CFR 1.16(i))	• 19	Minus	** 20 = 0
	Independent (37 CFR 1.16(j))	• 8	Minus	*** 8 = 0
	<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))			
	<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
X \$26 =		OR	X \$52=	
X \$110 =		OR	X \$220=	
		OR		
TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(f))	*	Minus	**	=
	Independent (37 CFR 1.16(h))	*	Minus	***	=
	<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))				
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					

RATE (\$)	ADDITIONAL FEE (\$)	OR	RATE (\$)	ADDITIONAL FEE (\$)
X \$ =			X \$ =	
X \$ =		OR	X \$ =	
		OR		
		OR		
TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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Legal Instrument Examiner:

/LISA FULTON/

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